CLAIMS ONLY

Application Number	Filing Date
10801765	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11		1					61						
12		1					62						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	5						Total Indep						
Total Depend	10						Total Depend						
Total Claims	15						Total Claims						